

POSITION

INITIALS

ID NO.

DATE

FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MD	JC 955	10-30-00
RESPONSE FORMALITY REVIEW	Teguest	995	11/30/00

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	Original
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here

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